

# bmj.com news roundup

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## Pfizer will not apply for a licence for sildenafil for women

Pfizer, the company that developed the phosphodiesterase inhibitor sildenafil (Viagra), reported last week that efficacy results in women with what has been termed female sexual arousal disorder had been inconclusive and would not support filing for regulatory approval to use the drug in this indication.

In a statement, Pfizer said that several large scale, placebo controlled studies including about 3000 women with female sexual arousal disorder showed inconclusive results on the efficacy of sildenafil ([www.pfizer.com](http://www.pfizer.com)). The disorder is defined by the American Foundation for Urological Diseases as distress caused by a persistent inability to attain or maintain sexual excitement.

Dr John Bancroft, director of the Kinsey Institute at Indiana University, Bloomington, said: "I am not surprised by the negative results with Viagra in women." He added: "The recent history of the study of female sexual dysfunction is a classic example of starting with some preconceived, and non-evidence based, diagnostic categorisation for women's sexual dysfunctions, based on the male model, and then requiring further research to be based on that structure."

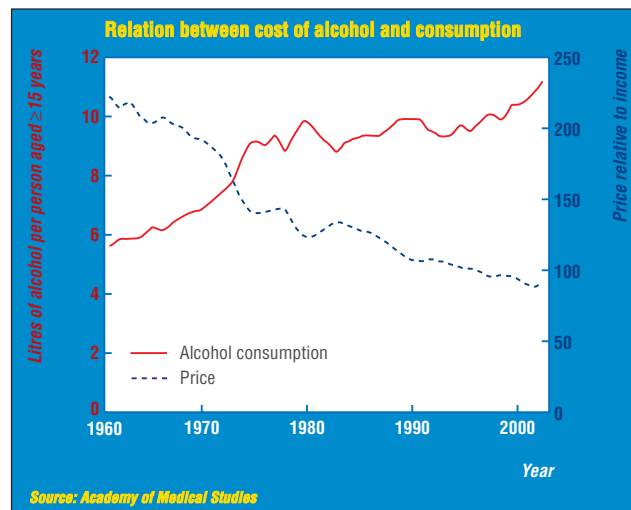
Susan Mayor *London*

## New cases of acute childhood asthma decline

The number of new cases of acute childhood asthma being seen by GPs has declined dramatically over the past decade, new research shows.

The number of cases is less than half that being seen at the peak of the epidemic in the spring of 1993, according to data collected by researchers at the Birmingham research unit of the Royal College of General Practitioners.

The researchers say that many other studies that have shown that the number of cases is still increasing use cumulative



## Government must take unpopular decisions to reduce alcohol consumption

Britain "has reached a point where it is necessary and urgent to call time on runaway alcohol consumption," a report on drinking trends says. The report, by the Academy of Medical Sciences, calls on the government to take immediate measures not only to stop the rise in alcohol consumption but to cut drinking to 1970 levels, a reduction of 33%.

The government is expected to publish a report on national alcohol policy in the next few months. The authors argue that "dealing with the drink itself is politically contentious and may be edged off the policy agenda."

The report notes that political and economic trends of recent years have exerted a steady upward pressure on alcohol consumption, which has increased by 50% since 1970. The opening of European borders and the generous cross border alcohol allowance has created a thriving black market in alcohol. Current legislation is likely to lead to an extension of pub licensing hours. Above all, alcohol has become steadily cheaper in terms of real income.

*Calling Time* is accessible on the academy's website at [www.acmedsci.ac.uk](http://www.acmedsci.ac.uk)

Owen Dyer *London*

prevalence data rather than measuring active disease.

"Everyone keeps saying it is increasing, but they are using cumulative prevalence figures. They ask people if they have ever wheezed, and more and more people say they have. I believe that the annual prevalence is the most important statistic because it shows the number of people with active disease," said Dr Douglas Fleming, director of the unit and one of the authors of a report in the *Archives of Disease in Childhood* (2004;89:282-5).

In the study, researchers looked at GP consultations for new attacks of asthma over two decades for cases of acute asthma in young children. The results show that for the under 5s the

number of cases rose from around 30 per 100 000 in 1980 to almost 160 in 1993. Since 1993 there has been a steady decline to around 60 cases per 100 000 in 2002.

Roger Dobson *Abergavenny*

## Second Wanless report welcomed by public health experts

Public health leaders believe that a report from a former banker has created an important opportunity to put the prevention of disease at the top of the agenda for the NHS and across government.

Derek Wanless, a former chief executive of the NatWest bank, was asked by the government to review the state of public health in England and to make recommendations for improving it. Significantly, he took his brief not from the Department of Health but from the Treasury.

Professor Sian Griffiths, president of the Faculty of Public Health, believes that it could provide an important opportunity for change. "The combination of the Wanless report and the [forthcoming] white paper consultation offer public health a once-in-a-lifetime chance to be taken seriously, not seen as a bit of froth on the side."

The report makes 21 recommendations, including a ban on workplace smoking, a tax framework to discourage unhealthy habits, and a review of the public health workforce. It calls for systematic assessment of both the clinical and cost effectiveness of interventions

Colleen Shannon *London*

*Securing Good Health for the Whole Population* is accessible at "independent reviews" on [www.hm-treasury.gov.uk](http://www.hm-treasury.gov.uk)

## CHI's methods for inspecting trusts are flawed, says King's Fund

The methods of the Commission for Health Improvement (CHI) for inspecting trusts has "significant weaknesses," says a report for the King's Fund, an independent health think tank.

"The authors question the process by which a rag bag of reflections (including variable attempts to capture the patient experience) are converted to global and quantified assessments," the report says.

The three year study concentrated on CHI's reviews of acute trusts. Its aim was to use CHI's experiences to look at the problems of inspection in the NHS. The researchers did this by analysing reports produced by the commission, sitting in board meetings, and interviewing a range of people, including policy makers, inspectors, CHI staff,